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Fig.1 Tajikistan map

PROGRESS DONOR REPORT

Iodine Deficiency Disorders Elimination in Tajikistan

Contribution Data:

UNICEF Donor Report No.:	Progress Donor Report
Donor Country/Code:	G45602 1000 USAID/Washington
Assisted Country/Code:	Tajikistan (590)
Assisted Programme/Project:	YH301: Mother and Child Survival/ Immunization PLUS
PBA Reference Number:	SC/2003/0634-01
Total Contribution Pledged:	US $ 109,000.00
Recovery for General Operating Costs:	US$ 5,188.40
Total Programmable amount:	US $103,811.60
Total Funds Utilized:	US $94,844.26
Un-Requisitioned Balance:	US$ $8.967.34
Duration of Contribution:	September 10, 2003 – September 30, 2007
Period Covered by the Report:	January 2004 – January 2006
Date prepared	January 2006

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1 EXECUTIVE SUMMARY

This is the second donor progress report for the USAID/Washington, PBA-/SC/202/0634 reporting on the activities undertaken by UNICEF Tajikistan from January 2004 to January 2006 for the project on "Elimination of IDD **in Tajikistan".** The total programmable amount for the project is US$ *103,811.60* for the period of 2003 - 2007.

The grant has contributed to raising the capacity of salt producers, health workers and policy makers and community awareness on salt iodization and assessment of the prevalence of iodine deficiency disorders.

Achieved Results

- Information on nutritional status of children and women for program development made available for decision makers. The grant supported a sentinel study for the evaluation of IDD and IDA levels among women and children in selected district. The second round of the sentinel studies was carried out in Kolkhozabad district of Khatlon oblast in August-September 2004. The results of the Sentinel Study reveal that the knowledge and information level of women regarding the use of iodized salt is high (89,7%) and 79,5 % of them use iodized salt. Most of these women keep salt in a closed container, and know that iodized salt prevents goiter and/or IDD. The results of this study will be used to develop appropriate interventions to reduce both iron and iodine deficiency disorders.

- Increased community awareness on prevention of iodine deficiency disorders and salt iodization through campaigns organized from August 2004 to November 2005. A total of 30 seminars have been conducted in Khatlon oblast, involving 1440 community representatives and 1050 women of reproductive age during the campaign. 705 schoolchildren have been trained and involved in these events. 1100 persons including head of villages, Jamoats (community committees), religion leaders, teachers, and village's salt sellers increased their knowledge about the impacts of IDD and importance of salt iodization through orientation and face to face meetings. 50 volunteers among schoolchildren and community women's associations have been trained and were actively involved in dissemination of education-information materials among the population during the campaign in regard to prevention of iodine deficiency disorders and benefit of iodised salt. IDD campaign organized during International Children Day in Khatlon oblast. Around 1500 schoolchildren were involved.

- Professional skills and knowledge of government counterparts have been upgraded on the prevention of IDD and salt iodization. Inter-sectoral advocacy strengthened through exchange visit to Iran on monitoring of iodised salt at production and consumer levels. This study tour aimed at promoting appropriate governmental action to develop plan of action on monitoring of iodised salt utilization. The outcomes of this important and fruitful visit were discussed during a round table meeting, which was immediately conducted in June, 2004. The government counterparts reviewed the salt iodisation situation and outlined a plan of action using the lessons learnt and experience which was gained during the exchange visit.

- Capacity of government counterparts on monitoring and evaluation of salt iodization have been improved through participation in a two-weeks Training Workshop on "Improvement of Monitoring and Evaluation of Micronutrient Fortification of Salt and Flour in Central Asian Republics and Kazakhstan" in October 2004. Representative from State Standard Agency, Ministry of Industry, Sanitary Epidemiological Station, National Nutrition Center, National Centre of Healthy Life Stile, Association of Grain Growers and Salt Producers attended this Workshop. The workshop was very productive and by the end of the workshop participants from each country prepared national monitoring and evaluation plans. After the Workshop the Working Group on Food Fortification was established and the developed plan was presented to MoH. At present the Working Group is working on the implementation of the Plan. Following this two workshops were conducted in the Khatlon and

Sogd oblast on Monitoring of IDD. Around 150 relevant government counterparts increased their knowledge and skills on monitoring of IDD/USI programms.

- IDD/USI monitoring framework designed and developed. In August 2005, a four-days workshop conducted in Dushanbe with participation of UNIICEF and USAID/MOST experts. The purpose of this workshop was to assist the government counterparts in designing and strengthening monitoring activities for the IDD/USI program in Tajikistan. The workshop was designed to involve around 30 representatives from all stakeholders, including the MOH, the bureau of standards, sanitary inspectors, salt producers, academic institutions, laboratory services, and both central and district/oblast levels. The workshop was participatory, allowing small group discussion on different levels of monitoring from production/importation to consumption and impact. Full group discussion following these sessions allowed debate on areas of concern and responsibility for different monitoring activities. As a result, a monitoring framework has been developed following the workshop to be used as a starting point to stimulate further discussion among the stakeholders, and ultimately result in a framework for which there is a consensus among all concerned. The framework should define the information to be collected, the institution responsible, the criteria and guidelines for collection, and the reporting and use of the information collected. Such a framework, once implemented, should provide adequate information to answer the questions still facing the program.

2 OVERALL SITUATION OF THE COUNTRY

Tajikistan is a mostly mountainous and landlocked country covering an area of 143,000 square kilometres, and sharing borders with Uzbekistan, the Kyrgyz Republic, China and Afghanistan. High mountain ranges make communication among regions difficult especially during the winter. Its population is around 6 millions with 70 percent living in rural areas. The population is large relative to the available arable land (7 percent) and composed of ethnic Tajiks (60 percent) and 23 percent Uzbeks, and the remainder are Russians, Kyrgyz and Tatars.

As seven years have passed since the Peace Accord signed in 1997, the country has started benefiting from the peace building process. Improved security situation and political stability provides a relatively safer living environment for children. Tajikistan is successfully, if haltingly, making transition to normalcy, civil order and democracy.

Tajikistan remains the one of the poorest among Former Soviet Union countries, with an estimated per capita GNI of USD 180.00. In fact, poverty is the central development issue in this low-income and food-deficit country. Structural reforms and political stability have allowed the beginnings of macroeconomic recovery, with over 10-per-cent growth in gross domestic product (GDP) in 2002. Nonetheless, poverty affects 64 per cent of the population, with urban-rural, regional and gender disparities.

2.1 Health and Nutrition Situation: Problem Statement

In 2002-2003, UNICEF supported the Ministry of Health to conduct a study on the causal analysis of infant mortality. Although the study represents the 2002 results only in two oblasts, Khatlon and Dushanbe, it confirms the increasing trend in infant mortality from 2000 to 2001, as well as the trend of high mortality. It also showed a huge disparity in rural infant mortality recorded at 108 per 1,000 live births and urban, at 51 per 1,000 live births. The major cause of neonatal death, most of which occurs within the first week of life, is preventable and mainly due to asphyxia (19 percent) and pneumonia (21 percent). Major factors in high infant and child mortality are related to the unavailability of quality health services, access and utilization. Lack of knowledge about childcare among family caregivers and inadequate care-seeking behaviour also contribute to the poor nutritional status of mothers and children and to the high IMR and U5MR – in fact 55 percent of deaths of children under age five age are due to common diseases known to be associated with malnutrition. A number of efforts have been made in the country to address malnutrition. A survey of 2004 indicates that the average rate of Chronic Malnutrition

in Tajikistan is 31.4% which is no different than the rate in 2002 (30.0%). At the same time the rates of Acute Malnutrition are increasing in all but one (Sugd) of the survey areas. There are significant increases of Acute Malnutrition in GBAO (8,7%) and Kurgan Tube (11,1%) since the 2003 National Nutrition Survey (3,7% and 5,4% accordingly) (AAH, National Nutrition Survey, 2004).

According to the National Micronutrient Status Survey (2003) results low BMI (<18.5 kg/m^2) was observed in about 9 % of the women. Anaemia was observed in 43% of the women and 39% of the children aged 6-59 months. Iron deficiency was a major cause for anaemia. Low ferritin values were present in 13% of the women's sample and in 14% of the children's sample. High levels of serum transferrin receptors were observed in 29% of the women's sample and in 42% of the children's sample.

Iodine deficiency disorders (IDD) are a crucial public health problem in Tajikistan and have become very prevalent in many regions of the country. Indicator of incidences of epidemic goiter in the republic increased in 2003 (1936.5 per 100 000 population) by about 2 times comparing with 1997 (1143.6 per 100 000 population). It's necessary to note that the most alarming situation on IDD is especially in the south and mountainous areas. Indicators on incidences of epidemic goiter reflect only those applying of for care to health care facilities. Prevention examinations of population show higher affection by goiter, which was in particular 45-82% among children aged 0-14; 59,6% among women of reproductive age and 48-62% among pregnant women (Ministry of Health, Health of Population and Health Care of Republic of Tajikistan 1990- 2002).

According to the MICS, which was supported by UNICEF in 2000, 20% of the total population uses iodized salt. A further desegregation of this data shows that 32% of the urban population and 16% of the rural population use iodized salt.
The results of a 2003 National Micronutrient Status Survey show that the majority of the population (85%) are aware that salt may be fortified with iodine. Half the households surveyed (53%), ranging from 15% in Khatlon to 83% in Sughd, indicated that they use iodised salt. However, more than one third of the people interviewed (35%) stated that they were not aware of the quality of the salt they were using, significantly more in Khatlon (63%) and RRS (47%) than in GBAO (12%) and in Sughd (6%). This report was confirmed by a rapid iodised salt test, in which 53% of salt sample were found to be iodised, although at an insufficient level. One fourth (24%) of salt tested was not adequately iodised (less than 15 PPM) although this could be due to poor storage; in fact in 18% of households surveyed salt was stored in inappropriate containers. Seventy-five percent of the people knew that iodized salt was used for goiter prevention.

Low urinary iodine excretion was observed in 57% of the women and in 64% of the children, with small differences between oblasts. The median of urinary iodine excretion was 94 μg/L in women and 73 μg/L in children, with lower values observed in Khatlon and RRS. Very low excretion values (<20 μg/L) were observed in 22% of the women and in 26 % of the children.

Despite a downward trend in the prevalence of Iodine Deficiency Disorders (IDD), it remains a serious public health problem in the Republic of Tajikistan.

Salt Production Situation. Compared to other Central Asian countries, Tajikistan has very large salt deposits. Currently, there are three iodized salt producers in Tajikistan: JSC "Koni Namak" in Sogd Oblast, JSC "Khudja Mumin" in Vose District, and JSC "Namaki Yovon" in Yavan District of Khatlon oblast. The total annual national requirement for salt is 34,000 MT, all of which is completely produced in the country. Production of iodized salt has increased by about 5,000 tons between 2000 and 2001 largely due to increased production by the Yavan facility.

The production facilities are located in different parts of the country. Asht, known as *Koni Namak,* is located in the North of Tajikistan at the Kamysh-Kurgan rock salt and brine deposit. Voce (*Hodja Mumin*) is located in the south, 200 kilometers from Dushanbe at the Khodja Mumin salt dome deposit. This deposit is not secured and is accessible to parties who pirate and sell salt on the open market.

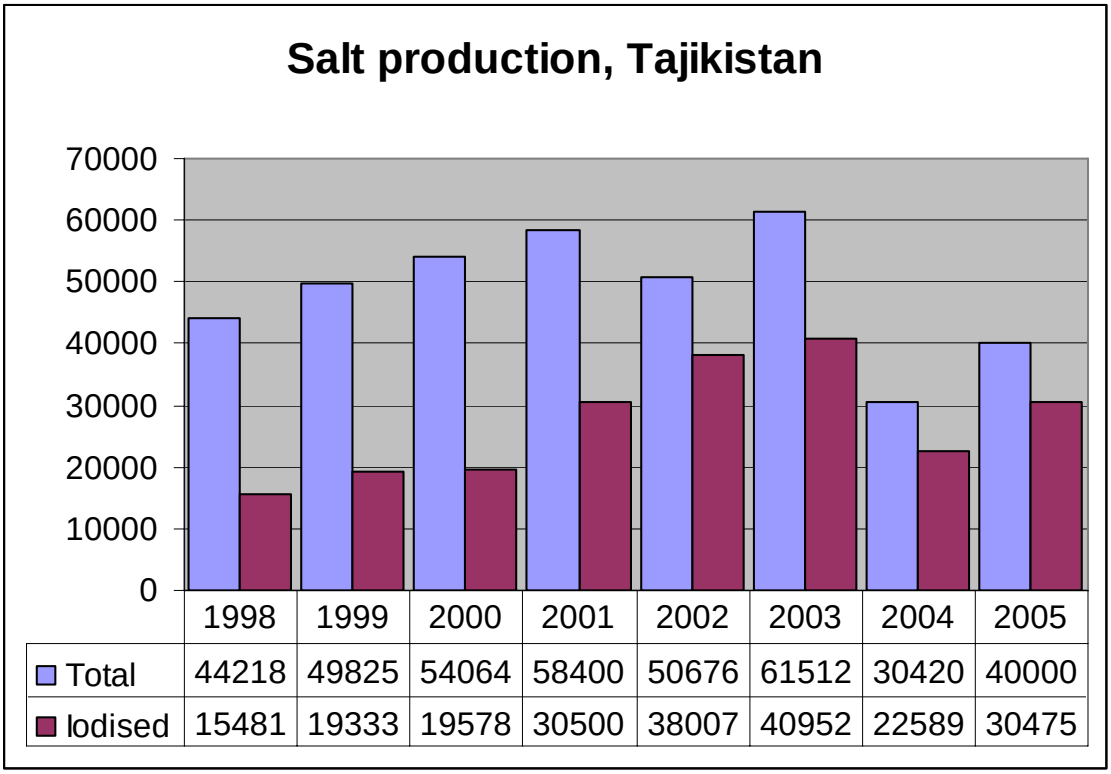

Fig 1. Trends of Salt production in Tajikistan

3 PROJECT OBJECTIVES AND STRATEGIES:

General objective:

To reduce iodine deficiency disorders in Tajikistan through the process of universal salt iodization.

Specific objectives:

1. To support the production of adequately iodised salt in Tajikistan
2. To raise the coverage of household consumption of iodised salt.
3. To raise public awareness on the use on iodized salt as well as the consequences of iodine deficiency disorders

Strategies

The specific strategies aimed at reducing constraints and reaching the project objectives are as follows.

1. Motivation of salt industry and salt producers
2. Community mobilization
3. Product Marketing and Promotion
4. Improvement and sustaining monitoring and evaluation systems

4 PROJECT ACHIEVEMENTS

Major achievements through utilization of this fund so far are:

- Information on nutritional status of children and women for program development made available. The grant supported a sentinel study on IDD and IDA deficiencies among women and children in

selected districts. The results of this study will be used to develop appropriate interventions to reduce both iron and iodine deficiency disorders.

- Increased community awareness on prevention of iodine deficiency disorders and salt iodization.
- Professional skills and knowledge of government counterparts have been upgraded on the prevention of IDD and salt iodization. Inter-sectoral advocacy strengthened through exchange visit to Iran on IDD&USI, aimed at promoting appropriate governmental action for Universal Salt Iodization.
- Capacity of government counterparts on monitoring and evaluation of salt iodization strengthened.
- Strengthened capacity og government counterparts on monitoring of IDD/USI programms.
- Improved monitoring of iodised salt in Khatlon oblast

4.1 Activities Undertaken

Assessment

The second rounds of the sentinel studies for the evaluation of IDD and IDA levels among women and children in Kolkhozabad district of Khatlon oblast was carried out in August-September 2004. The study was carried out by the Tajikistan Ministry of Health with the technical and financial support of UNICEF, ADB, and the Kazak Academy of Nutrition. The main objective of the sentinel study was to measure the overall effectiveness of iodizing salt and fortifying wheat flour and promoting their effect in terms of improving the micronutrient status of families. A total of 40 families and 80 children were sampled. Both rounds of Sentinel Study for children were funded by UNICEF and the second round of Sentinel Study for women was funded by ADB. According to the results of the study median levels of iodine in urine samples both in children and women was <100 μg/L in 2004. A significant increase of the median level of urine iodine and decrease of the prevalence of IDD among children is observed between two rounds of sentinel study. The results of Sentinel Study reveal that the knowledge and information level of women, regarding the use of iodized salt is high (89,7%) and 79,5 % of them use iodized salt. Most of these women keep salt in a closed container, and know that iodized salt prevents goiter and/or IDD. This information will be used as a good advocacy tool for policy makers to support USI program and lessons learnt for further successful implementation of the IDD/USI program at the national and regional levels.

Community awareness camping

The grant contributed to raising awareness of community on prevention of IDD and salt iodization through community level organized campaigns from August to November 2004. The campaign focused on the areas, where the population have direct access to natural sources of salt. The campaign was conducted in 7 districts of Khatlon oblast (Moscow, Parkhar, Vose, Dangara, Kolkhozabad, Kumsangir, Bokhtar) and 2 districts of the Rayons of the Republic Subordination (Gissar, Shakhrinaw). A total of 30 seminars have been conducted in Khatlon oblast on prevention of Iodine Deficency Distrorders through using of iodised salt, involving 1440 community representatives and 1050 women of reproductive age. 705 schoolchildren had been trained and were actively involved in the distribution of education-information materials among their families and the population.

In 2005, around 1100 persons including head of villages, Jamoats, religion leaders, teachers, and village's salt sellers increased their knowledge about the impacts of IDD and importance of salt iodization through orientation and face to face meetings in 15 districts of Khatlon and Rayons of the Republic Subordination by local NGOs and Healthy life centre. Around 1500 schoolchildren increased their knowledge of IDD and salt iodization by conducting an IDD campaign during International Children Day in Khatlon oblast.

Teachers and community leaders were actively involved in the dissemination of information- education materials in Gissar and Shakhrinaw districts. Discussions and training seminars on benefit of iodised salt were conducted among lactating and pregnant women during the campaign. 50 volunteers among the schoolchildren and community women association have been trained on prevention of IDD and to support NGOs in dissemination of educational information and community mobilisation.

Booklets, posters and leaflets on prevention of IDD and use of iodised salt have been distributed among the population of Khatlon oblast, Gissar and Shakhrinaw districts. During the campaigns household salt testing was demonstrated and salt test kits have been distributed to the community leaders, teachers and primary health care workers. More than 38 000 population have increased their knowledge on prevention of iodine deficiency disorders. 25 000 calendars on prevention of IDD were designed, printed and distributed over the all country.. A local news-paper "Asia-plus" was selected as the most popular news-paper among policy and decision makers. Around 20 000 copies were attached to this news paper and reached to the different regions of the country. The rest was distributed through health workers, teachers and NGOs.

Advocacy

This grant supported an exchange visit of the Tajik government counterparts to the Islamic Republic of Iran in May 2004, where IDD are eliminated through achieving USI. The representative of Ministry of Health, Ministry of Industry, Association of Salt Producers, Food Corporation, State Standardization Bureau, Food Control department of State Sanitary Epidemiological Station upgraded their knowledge on policy and strategy on universal salt iodisation and prevention of IDD. Several meetings with the representatives of Ministry of Health, Ministry of Industry, Food and Drugs Control Laboratory, province (Semnan) and district health department, and Salt Cooperative were organized. Also the delegation visited a salt factory and became acquainted with the quality assurance and control system during this visit.

The outcomes of this important and fruitful visit were discussed during a round table meeting, which was immediately conducted in June, 2004. The government counterparts reviewed the salt iodisation situation and outlined a plan of action using the lessons learnt and experience which was gained during the exchange visit.

In May 2005, Health Coordination Committee meeting held in Khatlon Khukumat. Around 75 participants, including the deputies of districts and towns, chief physicians, head of SES, markets, justice, police, standard bureau, TV and other relevant institutions and agencies in Khatlon oblast participated in the meeting. One of the main topics of the agenda was IDD situation in the region Lack of human resources in oblast and district level is significantly affecting the program implementation. Together with ADB project representative we made a brief presentation on benefit of iodized salt and shared the survey results. The deputy asked representatives from each districts and big markets to explain why non iodized salt is available in the markets. He focused on the law and asked legislative institutions to strengthen mechanism of its realization. The deputy of Khatlon oblast asked to collect all salt producers and discuss this issue in details.

Following this meeting a one day workshop organized in Khamadoni district, where around 80 participants including, all small private salt producers, health workers, teachers, representatives from inspection agencies and oblast/district authorities attended. Deputy minister of health, representatives from oblast and international organizations were invited as well. It was very good discussion around IDD and benefit of iodised salt. A copy of the law on “Iodised salt” and additional information materials were given to all participants. The representatives of private salt producers expressed their willingness to produce iodized salt. They agreed to combine 10 -15 small producers and built small factory for iodisation and the other option was to bring row salt to the big factory (Vose) and iodise it there. The representatives from Vose salt factory supported this idea. As a result of this workshop, one of the private salt producers built a new factory and combined around 15 small producers.

Comparing with other regions of the country, situation with salt iodisation and its consumption is much better in Sogd oblast, where only one big salt factory (Asht) produce iodised salt. According to the assessment done by the Oblast SES and Mercy Corps project in 2005 in Sogd oblast around 90 % of households were using iodised salt. Taking this into consideration and with the purpose of showing good experience of iodised salt production in Sogd oblast, it was organised exchange visit and a workshop on IDD/USI in Sogd oblast. The representatives from GBAO, Khatlon and Dushanbe SES, Ministry of economy & trade, Head of Vose salt factory, Republican endocrinological centre and the deputy of MoH in charge of IDD visited Asht salt factory. Head of Asht Khukumat with representative of Oblast

Khukumat welcomed the guests. The head of the salt factory introduced participants with salt production technology and shared with experiences. More than 10 000 MT of qualified iodised was produced and distributed to all districts of Sogd oblast in 2005.

Monitoring & Evaluation

In October 2004 Tajik counterparts participated in a two-weeks Training Workshop on "Improvement of Monitoring and Evaluation of Micronutrient Fortification of Salt and Flour in Central Asian Republics and Kazakhstan". The UNICEF Office for the Central Asian Republics and Kazakhstan (UNICEF/CARK) funded the workshop in collaboration with the Asian Development Bank, the U.S. Centers for Disease Control and Prevention, the Rollins School of Public Health at Emory University, Atlanta GA and the Kazakh Academy of Nutrition.

The primary objective of the workshop was to improve the capacity of countries to monitor salt and flour fortification programs designed to improve iodine, iron and folate nutrition of their populations. Specific topics that were addressed include monitoring activities related to quality assurance and control at the production level, monitoring population, coverage of fortified salt, flour and flour products, tools for monitoring the consumption of fortified products, and strategies to assess improvements in vitamin and mineral status of the population.

Representatives of public health, food safety, the flour and salt industry from the CARK countries attended this workshop. Workshop faculty included international experts in nutritional surveillance, milling and salt production, food fortification, food safety, quality assurance, marketing and program monitoring and evaluation. The workshop was very productive and by the end of the workshop participants from each country prepared national monitoring and evaluation plans.

The issue of financial sustainability, establishing of revolving fund for procurement of potassium iodate, building awareness amongst stakeholders, increase demand for iodized salt through consumer education, marketing, national logo and social mobilization were discussed as well.

One of the outcomes of the Workshop to date is that the process of establishment of a revolving fund for procurement of potassium iodate has been started initiated by the Association of Grain Growers and Salt Producers which will make a significant input in financial sustainability of the Project.

Following this workshop organised by CDC and UNICEF, a series workshops were conducted in different courtiers of the region by the USAID Micronutrient Programme to improve and strengthen monitoring IDD/USI monitoring system.

In August 2005, a four-days workshop conducted in Dushanbe with participation of UNIICEF and USAID/MOST experts. The purpose of this workshop was to assist the government counterparts in designing and strengthening monitoring activities for the IDD/USI program in Tajikistan. The workshop was designed to involve around 30 representatives from all stakeholders, including the MOH, the bureau of standards, sanitary inspectors, salt producers, academic institutions, laboratory services, and both central and district/oblast levels. The workshop was participatory, allowing small group discussion on different levels of monitoring from production/importation to consumption and impact. Full group discussion following these sessions allowed debate on areas of concern and responsibility for different monitoring activities.

As a result, a monitoring framework has been developed following the workshop to be used as a starting point to stimulate further discussion among the stakeholders, and ultimately result in a framework for which there is a consensus among all concerned.

Following an orientation and session on participant views of current issues, there were presentations for each program element, followed by full group discussion, small group work, or both. The workshop concluded with a session designed to develop a monitoring and evaluation framework. Given the gaps in

information related to the IDD program, strengthening the monitoring framework used to provide regular accurate information is important for program guidance. The framework should define the information to be collected, the institution responsible, the criteria and guidelines for collection, and the reporting and use of the information collected. Such a framework, once implemented, should provide adequate information to answer the questions still facing the program.

With the purpose of improving implementation of IDD/USI program in Khatlon oblast UNICEF hired a local consultant, who conducted regular monitoring of IDD/USI programs. He made regular visits to the salt factories and different districts reported on the situation with iodised salt production and distribution. Monthly reports were submitted to the deputy minister of health, oblast and district officials and the necessary actions were taken accordingly. Around 20,000 MT of non-iodized salt was returned to the factory for iodisation. Conducted workshop on monitoring and evaluation of IDD/USI programs for relevant agencies and institutions in Khatlon oblast. Improved monitoring of slat iodisation at factory and trade levels.

In December 2005, IDD Monitoring workshop was organised in Sogd oblast by the Republican SES with UNICEF financial support through the USAIDS grant. Around 50 participants, including representatives from GBAO, Khatlon and Dushanbe Sanitary epidemiological stations, Ministry of economy & trade, salt factories, Republican and oblast endocrinological centres, representatives from Khukumats and Sanitary epidemiological stations of Sogd oblast districts were attending the workshop. It was good debate around monitoring of the iodised salt production and distribution. A monitoring framework, which was developed during the August IDD monitoring workshop distributed to all participants and discussed the main points.

5 CONSTRAINTS

Policy and legislation

Despite Government efforts towards Universal Salt Iodization including the Law on Salt Iodization and Elaboration of National IDD Programme - there are still gaps in effective monitoring of iodized salt at production and marketing levels, due to weak of law enforcement mechanisms and budgetary constraints on the central Government and local governments.

Public awareness and advocacy on policy still needs strengthening through capacity building of salt producers and health workers, school awareness campaigns and community involvement.

Key constraints to USI include poor marketing and monitoring, high price differentiation between iodized and non-iodized salt, and low consumer education.

New legislation for IDD Elimination has been enacted aimed at achieving USI by 2004. Enforcement issues remain unsolved. The National IDD Committee is not active. High level advocacy is required to secure political will to achieve USI objectives. Public awareness efforts have been conducted by UNICEF and ADB including special events with the involvement of mass media, teachers, health workers and NGOs. Capacity building in effective health communication could help increase immediate use of iodized salt.

Quality control

Salt quality monitoring is conducted daily at production sites. In addition, quarterly checks are conducted by the laboratory of the Republican SES. There are gaps in the monitoring and control process at production and marketing levels. Appropriate legislation and enforcement mechanisms are needed. A Salt Situation Analysis should be elaborated using existing documents as a base to clarify production, distribution, monitoring, marketing, and pricing problems with iodized salt. The analysis would be an effective advocacy tool to strengthen executive and legislative commitment.

Producers capacity

The output of small private salt producers is neither controlled nor monitored. They have no equipment for salt iodization due to high cost, procurement difficulty, and certification constraints. In the markets, salt is sold in packages, bags and in bulk. The retail price for consumers is 30 diram (approx. $0.10) for iodized coarse salt to 50 diram ($0.17) for extra fine iodized salt per kg. Non-iodized salt sells at less than one-half of the price of iodized salt. Additional research may be required on pricing issues, analysis of small producers, quality control and monitoring.

6 MONITORING AND EVALUATION OF ACTIVITIES

UNICEF Programme Plan of Actions and Integrated Monitoring and Evaluation Programme has included key indicators, which helped to monitor the progress of the implementation. Monitoring of the iodine content in salt is carried out at three levels: production, sales and household by health workers, staff of oblast and districts SES and NGOs. Observations made during the field visits were reported and used as basis for improving delivery of supplies and ensuring that they reach target beneficiaries.

Joint UNICEF and MoH monitoring team visit to project sites showed lack of information and education materials for public awareness raising and low responsibility of health workers in some regions due to lack of proper counselling skills and motivation. The results of monitoring visits were discussed with local and central health authorities, in order to take appropriate decision on improvement of the situation.

7 FUTURE PLAN OF ACTIONS

UNICEF will continue to support the Government of Tajikistan's efforts towards Universal Salt Iodisation through utilization of remaining funds from this PBA and other available resources in:

- Strengthening the capacity of Government counterparts on monitoring of Salt Iodization at all levels through trainings, workshops and study tours.
- Raising the population awareness on benefit of iodised salt through discussions, meetings and development and dissemination of educational and information materials on IDD prevention.
- Continuing to advocate with producers and policy makers for financial sustainability, through meetings, trainings and workshops
- Improving enforcement mechanism of the legislation and regulations requiring the appropriate universal fortification of salt and flour in the country.
- Supporting capacity building of NGOs in areas related to demand generation for promoting fortified wheat flour and iodized salt.
- Completing the establishment of an effective and high quality system for quality control and assurance of fortified salt and flour.
- Establishing an effective national alliance for salt and flour fortification among government, industry, producers as well as international and bilateral organizational partners.
- Supporting private salt producers to produce qualified iodised salt.

8 UTILIZATION REPORT

Donor Country/Code:	G45602 1000 USAID/Washington
Assisted Programme/Project:	YH301: Mother and Child Survival/ Immunization PLUS
PBA Reference Number:	SC/2003/0634-01
Total Contribution Pledged:	US $ 109,000.00
Recovery for General Operating Costs:	US$ 5,188.40
Total Programmable amount:	US $103,811.60
Total Funds Utilized:	US $94,844.26
Un-Requisitioned Balance:	US$ $8.967.34

Requisition No. **Description** **Value (USD)**

A. Non-Supply Assistance:

CRQ/TADA/2004/00000864-1	Support sentinel study-part to be paid for KAN	1,221.00
CRQ/TADA/2004/00000471-1	Community awareness campaign on IDD in selected districts	2,789.93
CRQ/TADA/2004/00000699-0	Community awareness campaign on IDD in selected districts	5,267.30
CRQ/TADA/2004/00000900-3	Cost sharing for CARK M&E WS, Almaty 10-22 Oct'04	3,798.48
CRQ/TADA/2004/00001047-1	Awareness campaign on IDD prevention in Dushanbe, KT, Jomy dst	2,432.79
CRQ/TADA/2004/00000233-1	Study tour to Iran on monitoring of USI	10,211.35
CRQ/TADA/2004/00000851-0	CARK M&E WS on IDD, 11-20 Oct'04	2,892.41
CRQ/TADA/2004/00000034-35-46-0	Salary and All – APO Nutrition FT	23,908.96
CRQ/TADA/2005/00000337-0	Community activity on IDD in Gissar district	2,795.72
CRQ/TADA/2005/00000343-0	Celebration of International Children Day focesed on IDD	677.85
CRQ/TADA/2005/00000396-0	WS for SES specialists on monitoring of Salt Iodization	913.23
CRQ/TADA/2005/00000480-0	IDD community awareness activities in Dushanbe	1,513.98
CRQ/TADA/2005/00000486-0	IDD community awareness activity in Rasht and Tajikabad	2,119.99
CRQ/TADA/2005/00000490-1	IDD community awareness activities in Khatlon oblast.	3,177.99

CRQ/TADA/2005/00000491-0	IDD community awareness activity in Shakhrinaw district	1,954.84
CRQ/TADA/2005/00000512-0	IDD Advocacy workshop with private salt producers	922.96
CRQ/TADA/2005/00000515-1	IDD awareness activities in Tursunzade district	1,461.49
CRQ/TADA/2005/00000530-0	IDD Monitoring workshop (MOST)	3,195.48
CRQ/TADA/2005/00000887-0	National Advocacy WS on IDD in Sogd oblast, 8-9 Dec'05	4,487.50
SRQ/TADA/2005/00000067-0	Nutrition monitor (Saimahmad Gadoev)	1,500.00
TA/TADA/2004/00000033-0	To assist Vitamin A supplementation campaign in Aini and Penjikent	143
TA/TADA/2004/00000097-1	Participation in the GAIN workshop in Geneva, Feb'04	3,190.81
TA/TADA/2004/00000355-1	Study tour to Iran on USI	1,535.05
TA/TADA/2004/00000493-0	Monitoring of salt iodization in Sogd oblast	65.54
TA/TADA/2004/00000501-1	To attend Health& Nutrition cluster meeting in Istanbul	2,024.04
TA/TADA/2005/00000401-0	Monitroing of Vitamin A campaign in GBAO	162.00
TA/TADA/2005/00000433-0	Monitoring of implementation of IDD and IDA programmes in se	86.45
TA/TADA/2005/00000458-0	To attend regional ECD workshop in Chisinau 11-14 June, 2005	2,158.15
TA/TADA/2005/00000469-4	Monitoring of implementation of IDD and IDA programmes in se	667.95
TA/TADA/2005/00000513-0	Visit to disaster affected areas in Penjikent district	21.38
TA/TADA/2005/00000621-0	Monitoring og IDD programme implementation in Khatlon oblast	284.58
TA/TADA/2005/00000650-1	Certification of maternity hospitals in Asht, Spitamen and M	66.00
TA/TADA/2005/00000683-1	Monitoring of Health and Nutrition issues in Khatlon region	450.47
TA/TADA/2005/00000761-1	Monitoring of IDD and IDA programme implementation in Khatl	438.78
TA/TADA/2005/00000834-1	Monitoring of IDD and IDA programme implementation in Khatl	475.69
TA/TADA/2005/00000849-0	To attend at the oblast conference of obstetricians and gynecolgysts in Sogd oblast	221.56
TA/TADA/2005/00000894-1	IDD monitrong workshop in Sogd obalst, visit to Asht salt factory	445.38
Subtotal for Cash:		**89,680.08**

B. Supply Assistance:

PGM/TADA/2005/00000063-1	Procurement of PC and IT equipment for Field monitor on IDD	1,023.55

PGM/TADA/2005/00000105-1	Printing of Posters on IDD, format A3, enamel paper 120mg/mm	4,140.63
Subtotal for Supply:		**5,164.18**

C. Total:

TOTAL PBA AMOUNT FOR PROGRAMMING	**$103,811.60**
TOTAL REQUISITIONS (Non-supply assistance)	**$89,680.08**
TOTAL REQUISITIONS (supply assistance)	**$5,164.18**
BALANCE	**$8,967.34**